PM0003467

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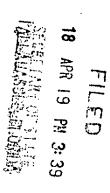
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIJR REMODELIN	G INC		
DOCUMENT NUMBER: P17000034667			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
ISMAEL FERNANDEZ			
	Name of Contact Person		
IJR REMODELING INC			
	Firm/ Company		
4390 EAST 2ND AVE			
	Address		
HIALEAH, FL 33013			
	City/ State and Zip Code		
ismaelfernandez1204@gmail.com			
E-mail address: (to be us	sed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
ISMAEL FERNANDEZ	at (⁷⁸⁶ 539-7794		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

IJR REMODELING INC				
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)		
P17000034667				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation ado	pts the following amendment(s)		
A. If amending name, enter the new name of the corporation:				
N/A		The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati	ated" or the abbreviation		
B. Enter new principal office address, if applicable:	4390 EAST 2ND AVE			
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33013	高粱 🕏		
		APR		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4390 EAST 2ND AVE	19		
	HIALEAH, FL 33013	是 C		
		339		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		of the		
Name of New Registered Agent ISMAEL FERNANDEZ				
4390 EAST 2ND AVE				
(Florida	street address)			
New Registered Office Address:	,	Florida 33013		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations o	of the position.		
<u> </u>				
/ Signature of New	Registered Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oe</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally St	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) X Change	<u>P</u>	_	ISMAEL FERNANDEZ	4390 EAST 2ND AVE			
Add				HIALEAH, FL 33013			
Remove							
			t				
2) Change							
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change		<u></u>					
Add							
Remove							
5) Change							
		_					
Add				·			
Remove							
6) Change							
Add							
Remove							

A		ets, if necessary)	. (Be spec	y.c/				
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provis	ions for imple	menting the am	endment if	not containe	or cancenau	<u>on or issuea</u> ndment itsel	snares, f:	
(if	not applicable	e, indicate N/A)					<u></u>	
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N/A	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
Dated	
(By/a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
ISMAEL FERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	